

<b>Case Number:</b>	CM14-0154550		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/31/2004
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old male with a reported date of injury on 08/31/2004. The mechanism of injury was not noted in the records. The diagnoses include RSD upper extremity and chronic pain syndrome. The past treatments included pain medication, physical therapy, spinal cord stimulator, and surgical intervention. There was no relevant diagnostic imaging noted in the records. There was no relevant surgical history noted in the records. The subjective complaints on 08/18/2014 included pain to his right upper extremity that is currently rated at 5/10. The physical examination noted to the cervical area paraspinal tenderness on the right and paraspinal tenderness on the left. The lumbar spine had full range of motion with flexion and extension and rotation. The straight leg raise was negative bilaterally. The lower extremities had good capillary refill, and peripheral pulses were +2 bilaterally. Decreased strength was noted to the right upper extremity and moderate to severe allodynia and hyperesthesia of the right upper extremity. The medications include Trazodone 100 mg, Cymbalta, Senokot, MiraLAX, Xanax, Norco, gabapentin, clonidine, Protonix, and Flexeril. The treatment plan was to continue medications and refill them. A request was received for biofeedback therapy 2x4 upper extremity, RPT, 08/22/2014, and pantoprazole 20 mg #90. A rationale for the request was not provided. The Request for Authorization form was dated 08/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Biofeedback Therapy 2 x 4 Upper Extremity - RPT 8/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**Decision rationale:** The request for Biofeedback therapy 2 x 4 upper extremity - RPT 8/22/14 is not medically necessary. The California MTUS Guidelines state that biofeedback is not recommended as standalone treatment but is recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and to return to activity. The injured worker has chronic pain syndrome. There was a lack of documented evidence that the injured worker is enrolled in a cognitive behavioral therapy program. In the absence of the injured worker being enrolled in a cognitive behavioral therapy program, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Pantoprazole 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for pantoprazole 20 mg #90 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for patients taking NSAIDs who are shown to be at risk for gastrointestinal events or who have complaints of dyspepsia related to NSAID use. The injured worker has chronic pain syndrome. There was a lack of evidence in the note that the injured worker is at increased risk for gastrointestinal events or that the injured worker has complaints of dyspepsia related to NSAID use. In the absence of the above, the request is not supported by the guidelines. As such, the request for Pantoprazole 20mg #90 is not medically necessary.